



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

000110 7590 12/14/2005

DANN, DORFMAN, HERRELL & SKILLMAN
1601 MARKET STREET
SUITE 2400
PHILADELPHIA, PA 19103-2307

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmittal

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christine Edinger (Depositor's name)
Christine Edinger (Signature)
February 14, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/098,729	03/15/2002	Robert T. McWethy	1032-P02469US1	5304

TITLE OF INVENTION: RETRACTABLE NEEDLE MEDICAL DEVICE FOR INJECTING FLUID FROM A PRE-FILLED CARTRIDGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/14/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
RODRIGUEZ, CRIS LOIREN	3763	604-506000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Stephen H. Eland
Dann, Dorfman, Herrell
2 and Skillman
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MDC Investment Holdings, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilmington, Delaware

02/16/2006 MBIZUNE2 00000113 10098729

01 FC:2501
02 FC:1504
03 FC:8001700.00 OP
300.00 OP
30.00 OPPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date February 14, 2006Typed or printed name Stephen H. ElandRegistration No. 41,010

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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DANN, DORFMAN, HERRELL AND SKILLMAN

A PROFESSIONAL CORPORATION

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PHONE (215) 563-4100 • FAX (215) 563-4044

February 14, 2006

Last Name of First Named Inventor:
MCWETHY ET AL

MAIL STOP ISSUE FEE

Application No. 10/098,729

Allowed: December 14, 2005

Attorney Docket No. 1032-P02469US1

Filed: March 15, 2002

For: RETRACTABLE NEEDLE
MEDICAL DEVICE FOR
INJECTING FLUID FROM A
PRE-FILLED CARTRIDGE

TO THE COMMISSIONER FOR PATENTS:

SUBMISSION OF ISSUE FEE


The above-identified application has been allowed. In response to the Notice of Allowability dated December 14, 2005, enclosed are the following:

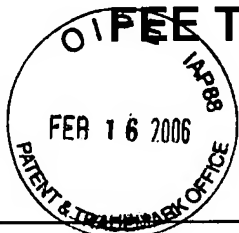
1. A copy of form PTOL-85 with authorization to charge Deposit Account No. 04-1406.
2. Check in the amount of \$1030, which includes the issue fee, the publication fee and the cost of ten (10) advance copies.

Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN
A Professional Corporation
Attorneys for Applicants

By


Stephen H. Eland
PTO Registration No. 41,010



FEE TRANSMITTAL

Complete if known

Application Number: 10/098,729

Filing Date: March 15, 2002

First Named Inventor: McWethy et al

Group Art Unit: 3763

Examiner Name: Rodriguez, Chris

Total Amt. of Payment: (1)+(2)+(3)= \$1,030

Attorney Docket Number: 1032-P02469US1

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to:

☐ Charge indicated fees

☒ Charge additional fees

☒ Credit overpayments

to the account of DANN, DORFMAN, HERRELL & SKILLMAN

Deposit Account Number 04-1406

2. Payment enclosed:

Check in the amount of \$1,030

FEE CALCULATION

1. FILING FEE

Fee

Fee Description

Utility filing fee

Design filing fee

Plant filing fee

Reissue filing fee

Provisional filing fee

SUBTOTAL (1) \$0

FEE CALCULATION (continued)

ADDITIONAL FEES

Fee Description

Fee Paid

Surcharge-late filing fee or oath

Surcharge - late provisional filing fee or cover sheet

Extension for response within first month

Extension for response within second month

Extension for response within third month

Extension for response within fourth month

Notice of Appeal

Filing a brief in support of an appeal

Request for oral hearing

Petition to revive unavoidably abandoned application

Petition to revive unintentionally abandoned application

Issue fee

700

Petitions to the Commissioner

Petitions related to provisional applications

Submission of Information Disclosure Stmt.

Recording each patent assignment per property

Other fee (specify) Advance Order (10 copies)

30

Other fee (specify) Publication Fee

300

SUBTOTAL (3) \$1,030

2. Claims

Paid

Extra

Fee

Total Claims

= 0

Independent Claims

x = 0

Multiple Dependent

(First presentation)

SUBTOTAL (2)

Submitted By:

Typed or

Printed Name Stephen H. Fland

Reg. Number 41,010

Signature

Date February 14, 2006

Deposit Account User ID

04-1406